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EPIDEMIC POLIOMYELITIS

(Infantile Paralysis)

Notes of an Illustrated Lecture Given to the Visiting Nurses by Ludvig Hektoen, M.D., President of the Chicago Medical Society, April 13, 1921

POLIOS means gray and myelos means marrow: poliomyelitis means inflammation of gray marrow.

Definition: Acute infectious disease, communicable, with inflammatory changes in the nervous system, especially the anterior horns of the spinal cord, resulting frequently in muscular paralysis.

History: Has existed since remote times; distinguished from other forms of paralysis in 1840 and recognized in epidemic form since 1887. Largest epidemic,—the New York epidemic in 1916 (over 13,000 cases with over 3,000 deaths); minor epidemics not infrequent and sporadic cases are occurring all the time.

Causation: Human-borne, spread by nasopharyngeal secretion, abortive cases and carriers being of special importance; contagiousness slight and susceptibility comparatively apparently slight; most cases in children under three; epidemics usually begin in middle of summer and subside in autumn.

Poliomyelitis is transmissible to monkeys. Virus is present in the nasopharyngeal secretions, brain, cord, and blood of patients.

Symptoms: Incubation, three to ten days. Usually fever, drowsiness, irritability, throat symptoms, sometimes vomiting and diarrhoea, stiffness of neck and tenderness of muscles, followed by more or less well marked but irregularly distributed paralysis, which may be the first symptom observed. Paralysis differs in different cases.

After a few days acute symptoms subside, paralysis remains stationary and a little later may show some improvement at the same time as atrophy of the affected muscles becomes apparent.

Different types are recognized: *Abortive*—no paralysis, perhaps most frequent form, may pass unrecognized. *Spinal*—paralysis of legs or arms develops quickly, may be limited or extensive; bladder and rectum may be affected. *Ascending*—begins as paralysis of legs and paralysis extends upward until difficulty in swallowing and breathing develops; may cause death in a few days. *Bulbar*—paralysis of muscles of eyes, face, tongue, pharynx due to changes in pons and medulla. *Cerebral*—vomiting, convulsions, paralysis; *Meningitic* and *Neuritic*—pain along nerves are other forms. As a rule there is an increase of cells in the spinal fluid in this disease.

Lesions: Small hemorrhages and acute inflammatory changes in the parts of the nervous system affected, with death of ganglion cells and consequent degeneration of nerves, paralysis and atrophy of muscles. (See Physiology of Nervous System.)

Treatment: Isolation, disinfection, general care as in acute infections. Firm, smooth bed; guard against weight of clothes on paralyzed limbs; avoid pain in handling of patient by bending of neck or back; no more movement than is necessary for comfort; keep paralyzed limbs warm; look out for pressure sores; hot baths and packs for pain. Muscle adjustments are destroyed, hence danger of contractures and importance of early skilled orthopaedic treatment; guard against fatigue.

In many cases first damage looks worse than it really is and the result of persistent gradual reëducative exercises and training yield remarkable results if begun early, yet not too early.

In discussing treatment, the lecturer assumes that he is speaking to nurses who have the nursing care of most patients so well in hand, that but two or three points need special emphasis. On account of the helplessness of the patients and the severe pain caused by the most gentle handling, the influence of a nurse helps to keep up the patient's courage and this is of tremendous importance.

EMERGENCY EXPERIENCES OF A PRIVATE DUTY NURSE[1]

By Serena D. Alexander, R.N.
Asheville, N. C.

I SHALL speak entirely of experiences and emergencies in country work, as I have had some in this line, probably more than come to the majority of nurses, for I find a strong tendency among them to refuse out of town work of an unknown nature and to keep to the beaten paths of specializing in the hospitals or of doing private duty work for the doctors whom they know and in the cities where their friends and possessions are.

Nursing in the country, like many other things, is not what it used to be, and those of us who experienced it as it was ten years ago, will not regret the change. The factors which have brought about the change are the telephone, the automobile, good roads, and the number of small hospitals which have sprung up.

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[1] Read at a meeting of the North Carolina State Nurses' Association, Wrightsville, June, 1921.